

BioTechnology Certificate Program Recommendation

Department of Biology Ball State University

Please download & return this form to:

Director, Biotechnology Certificate Program
Ball State University
Department of Biology
Muncie, IN 47306-0440

Applicant:

Sign this statement, if applicable. I agree that this evaluation may be kept in confidence and shown only to bona fide university officials with legitimate interest in reviewing the same. I waive any right to inspection or review of this evaluation.

Signature: _____ Date: _____

Evaluator:

Sign this statement, if applicable. I am furnishing this evaluation on the condition that it will not be shown to the applicant named below.

Signature: _____ Date: _____

Note: This evaluation will be kept in confidence from the applicant only if both statements are signed. There is no obligation on the part of either party to sign the statements.

Recommendation Form:

Name of Applicant: _____

Program Desired:

____ BA/BS with Biotechnology Certificate _____ MA/MS with Biotechnology Certification

____ Post-baccalaureate Biotechnology Certification only

I have known the applicant as:

_____ an undergraduate student _____ a graduate student

_____ a research assistant _____ a teaching assistant

_____ other (specify): _____

Length of time I have known the applicant: _____

